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PTOTSHUG (88-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 **CLAIMS AS FILED - PART I** OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) NUMBER FILED NUMBER EXTRA RATE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL \* If the difference, in column 1 is less than zero, enter "0" in column 2. OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT RATE NUMBER ADDI-RATE **EXTRA AFTER** PREVIOUSLY TIONAL EN U TIONAL PAIDFOR AMENDMENT #FEE " FEE" Minus AMENDM OR FIRST THESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1 16(4)) OR TOTAL TOTAL ADD'L FEE 03 ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT m REMAINING NUMBER RATE ADOIL ADDI-AFTER. PREVIOUSLY **EXTRA** TIONAL TIONAL DMENT AMENDMENT PAID FOR FEE 'FEE' Total (37 CFR 1 15(c)) OR. Minus ίū FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 137 CFR 1 16(d)) OR JATOT TOTAL ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER BATE 4004 +OO+ AFTER PREVIOUSLY EXTRA JAHO: TIONAL: AMENDMENT PAIDFOR FEE FEE 414 Total Minus 2 437 CFR 1 16(c) Oi? Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1 16(0)) OR JAIOI TOTAL ADD'L FEE ADD L FEE - If the entry in column 1 is less than the entry in column 2, write "0" in column 3 "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" \*\*\* If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADORESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000							nder	
				09/677936				
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAİMS			RAT	E FEE	7	RATE	FÉE	
FOR NUMBER FILED		NUMBER EXTRA	BASIC	FEE 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS	5 minus 20=	•	X\$ 9	=	OR	X\$18=		
INDEPENDENT CLAIMS	minus 3 =		X40	=	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT				$\dashv$	<u> </u>			
1° If the difference in column 1 is less than zero, enter "0" in column 2			+135		OR	+270=		
1 44				L 3551	OR	TOTAL		
(Column 1) (Column 2) (Column 3)			SMAI	L ENTITY	OR	OTHER SMALL		
CLAIMS REMAINING AFTER AMENDMENT Total Independent	HIGH NUM PREVIC PAID	BER PRESENT DUSLY EXTRA	RATE	FEE	J	RATE	ADDI- TIONAL FEE	
Total · 40	Minus	20 = 20	X\$ 9	= 180.	OR	X\$18=		
Independent FIRST PRESENTATION OF MI	Minus ••• ULTIPLE DEPENDENT	2  = 4   TCLAIM   17	X <del>40</del>	172°	OR	Xee		
			+135	=	OR	+270=		
1/21/04			TOT ADDIT, F		OR	TOTAL ADDIT, FEE		
(Column 1)	ADDII. P	EE		ADUII. FEE				
CLAIMS REMAINING AFTER AMENDMENT  Total Independent  Total  Total  Total  Total  Total  Total	HIGH NUM PREVIC PAID	BER PRESENT DUSLY EXTRA	RATE			RATE	ADDI- TIONAL	
Total . 40	Minus	0 =	X9 <del>-9</del> -	FEE		-X\$ <del>18</del> =	FEE	
Independent • V	Minus	10-	X40=		OR			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					OR	X <b>66</b> =		
			+135=		OR	+270=		
			ADDIT, F		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)								
CLAIMS REMAINING AFTER AMENDMENT Total Independent	HIGH NUM PREVIC PAID	BER PRESENT DUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total · 40	Minus .(C		——X\$ <del>-</del> 9≡		OR	-X\$18=		
Independent •	Minus •••	=	X40=		1	X <del>80</del> =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.					OR	+270=		
** If the "Highest Number Previously Pa	ADDIT. FE		OR	TOTAL ADDIT. FEE				
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.								